Rulemaking Number (12-375) Kevin Carle, H-91912 CMF C-151 P Po Box 2000 Received & Inspected Vacaville, CA 95696 MAR 15 2013 FCC Mail Room Marlene H. Dortch, Secretary Federal Communication Commission Office of the Secretary 445 12th Street, SW, RM TW-Baoy Washington, DC 20554 February 27, 2013 TO Federal communication commission, My name is Kevin Carle, I am Inmate and Deat. When I used TTY many years ago but the problem is Vocabulary spell limit and grammer frustrate Short Can't waste time 45 min. I do not have enough time for Communication with my family and friend. TTY not fair because Hearing people can talk on the phone and rest. Deat no videophone only Try force Typing not comformable I not skill I Typing Slow Stress and hurry up. I think time limit should extend for deaf and cost reduce because Communication need more time. Please give deaf people fair access and provide Videophones. Thank you so much No. of Copies rec'd\_\_\_ List ABCDE Kelah

3 Note that the state of the st

This is a public Comment for WC Docket number 12-375

Dear Secretary Dortch,

My name is Luis Rivera and I'm writing in reference to calls I receive from a love one from State Correctional Institute Huntingdon in Pennsylvania through Global Telink Communications.

First of all I believe the charges are outrageous. They charge \$4.25 per 15 minute call. That's \$3.03 for the first minute and then .23 per minute. Global is a minopoly at this facility and you don't have no other choices. So, you're stuck with their charges and their services.

Secondly, they have suspended their collect calls in the state of Pennsylvania, so I was told. If you don't have the money for prepaid calls then you can't receive calls. I know at times they have a hard time collecting charges for collect calls, but they should suspende the service to those who don't pay. At least with collect calls, you can accept calls and pay for them on the due date. At times is difficult to pay for prepaid calls.

No. of Copies 180'd list ABCDE

As fur as dropped calls. I really haven't had any problems and the few times that it happened the phone company credited the account.

	It would be great if the inmates were able to
	make a few free phone calls per month. It would
	really help financially. I spond between 450-to
	\$ 100 a month in prepaid culls.
	I ask to please see what can be done, so
	we can stay in touch with our love ones without
	been a financial burden. Please help.
	My phone number is 215-455-7646. Please
	feel free to cold if you have any questions.
,	
	Thank You
	Lais Pavin
	This Gwere
MAN (ME 100 MAN) 100 M 1 MAN (MAN) 1 MAN (MAN)	

Rulemaking Number (12-375)	
Kevin Carle, H-91912	Received & Inspected
CMF C-1512P	MAR 15 2013
Po Box 2000	FCC Mail Room
Vacaville, CA 95696	
Marlene H. Dortch, Secretary	
Federal Communication Commission	
Office of the Secretary	
445 12th Street, SW, RM TW-Baoy	
Washington, DC 20554	
	February 27, 2013
TO Federal Communication Commission	
TTY many years ago but the problem	urle, I am Inmate and Deat. When I used is Vocabulary spell limit and grammer frustrate do not have enough time for Communication
	. Hearing people can talk on the phone and
	Ty force Typing not comformable I not Skill
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	should extend for deaf and cost reduce because
Communication need more time.	
Please give deaf per	ople fair access and provide Videophones.
Thank you so much	
Kelak	No. of Copies rec'd List ABCDE
A Comment of the comm	



DIVISION OF ADULT INSTITUTIONS
CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND
STATE PRISON-CORCORAN

900 Quebec Avenue, P.O. Box 7100 Corcoran, CA 93212



July 9, 2009

Carle H-91912 B-1 133L

### FIRST LEVEL RESPONSE, APPEAL LOG NO. SATF-B-09-02159

**ACTION REQUESTED:** New Video Telephone.

Your appeal regarding new video telephone has received careful consideration and has been thoroughly researched. You were interviewed by Jim Peacock, Supervisor of Building Trades, on July 7, 2009, concerning your appeal in order to provide you the opportunity to fully explain your appeal and to provide any supporting evidence or documentation.

I explained through a sign language interpreter that the Telecommunication Devices for the Deaf (TDD) equipment currently in use at California Substance Abuse Treatment Facility and State Prison at Corcoran for the hearing impaired inmates is considered to be adequate for providing communications. There are no plans to replace or change the equipment at this time therefore, your request is denied.

You were informed at the time of your interview, through a sign language interpreter that you may request reading assistance from an inmate assistance giver or by staff.

Considering the above information, your appeal is denied at the First Level of review.

Supervisor of Building Trades

SATE CAPPEALS

JUL 1 7 2009

S. SHERMAN

Associate Warden Business Services

California Substance Abuse Treatment Facility and State Prison at Corcoran

#### STATE OF CALIFORNIA

### DEPARTMENT OF CORRECTIONS AND REHABILITATION INMATE APPEALS BRANCH P. O. BOX 942883

**SACRAMENTO, CA 94283-0001** 

### **DIRECTOR'S LEVEL APPEAL DECISION**

Date: 0CT 1 4 2009

In re: Kevin Carle, H91912

California Substance Abuse Treatment Facility and State Prison at Corcoran P.O. Box 7100

Corcoran, CA 93212-7100

IAB Case No.: 0905011

Local Log No.: SATF-09-02159

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner C. Hammond, Staff Services Manager I. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: The appellant stated he is hearing impaired and the TTY (TeleTYpe telephone) and TDD (Telephone Device for the Deaf) no longer work because of the new video relay service (VRS) at the California Substance Abuse Treatment Facility (SATF); however, his outside family uses the VRS to more easily communicate with him. He also stated the TDD is hard for him to use because of his grade point level, but he is able to communicate ably via American Sigh Language (ASL). The appellant requested to have "the ADA [Americans with Disabilities Act] to order and get" a new video telephone in Building "1" to enable him to communicate with his family.

II SECOND LEVEL'S DECISION: The reviewer noted on July 7, 2009, J. Peacock, Supervisor of Building Trades (SBT), interviewed and evaluated the appellant for his issues on appeal. Through an ASL interpreter, who was present at the interview, the SBT informed the appellant the TDD equipment currently in use for hearing-impaired inmates is considered adequate for providing communications, and there are no plans to replace or change the equipment at this time. His request on appeal was not granted.

In requesting a Second Level of Review (SLR), the appellant reiterated his request for VRS because the TDD capability will diminish in the future. He claimed the ADA has money to procure a VRS, and "...you know that it's law."

At the SLR, the appellant was informed the Armstrong Remedial Plan (ARP) stipulates that he is allowed 40-minute increments to use TDD units. He is allowed a 40-minute call to his family to accommodate the longer process involved with typing telephone conversations. The appellant was also informed the Relay Operator (RO) will type in written format similar to ASL; for example if he types "me to store," the RO will type "I am going to the store." Accordingly, the appellant and his family can type in an abbreviated format

Finally, the appellant was advised the videophones require high-speed internet connections, which the institution does not have. A "web cam" is also required, which poses safety and security concerns. The appellant's family may contact the California Telephone Access Program (CTAP) via telephone at 1-800-806-1191, which will assist them in obtaining a TTY unit for the household. The program is income based and phone units are issued on a loan basis.

Contact with the appellant's housing unit indicated he has daily access to sign-up for the TDD. On August 18, 2009, A. Fouch, Correctional Counselor II (CCII), interviewed the appellant for his issues on appeal. An ASL interpreter was present to ensure effective communications. During the interview, the appellant acknowledged he was familiar with the TDD sign-up procedures, informed the CCII he has used the TDD in the past, and stated he has a grade placement level of 7.4. As the appellant was provided an equally effective means of communications in lieu of his requested accommodation, his request was appropriately denied. The appeal was denied at the SLR on August 18, 2009.

### III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: In requesting a Director's Level of Review (DLR), the appellant expressed dissatisfaction, claiming CCII Fouch obviously did not understand the problem. He stated the relay operator is communicating on the TTY machine, but his family does not have TTY connections, and the CTAP will not help with connections for the TTY, as his family uses VRS over telephone lines. He also claimed TTY communications take too long to translate, and ASL over video is much faster and poses no safety and security concerns for the institution. He claimed the SATF has telephone lines and VRS can be easily installed. He claimed an ASL interpreter available to monitor communications between himself and his family. He claimed the ADA is Federally funded, and the VRS can be purchased and maintained in the program office, where the internet is available to the staff.

In reaching a decision at the DLR, the appellant's claim is refuted, as the institution already has an effective TDD communications system for hearing-impaired inmates and affords daily access to the system in 40-minute increments. Moreover, the SATF does not have high-speed internet access and installing such capability poses unacceptable cost as well as safety and security concerns.

The appellant is informed the CTAP distributes telecommunications equipment and services to individuals certified as having difficulty using the telephone. CTAP is a California State-mandated program, under governance of the California Public Utilities Commission. Equipment and some network services are available at no charge to eligible consumers. Californians who are deaf, hard of hearing, speech disabled, blind, or who have low vision, cognitive impairments, or restricted mobility, are eligible to receive equipment with certification by a medical doctor, a licensed audiologist, a qualified state agency, or a hearing aid dispenser. CTAP is funded by a small surcharge that appears on all telephone bills in California. The money collected from this surcharge pays for both the CTAP and the California Relay Service. This surcharge appears on the telephone phone bill as "CA Relay Service and Communications Devices Fund."

According to the ARP II.H.4, Equally Effective Means, "A request for accommodation may be denied if equally effective access to a program, service, or activity may be afforded through an alternate method which is less costly or intrusive. Alternative methods, which may be less costly or intrusive to the existing operation/program, may be utilized to provide reasonable access in lieu of modifications requested by the inmate/parolee, so long as they are effective." As the institution presently has an effective TDD system in place, and a new system would be overly intrusive and more costly than proposed remedy, his request was appropriately denied.

Moreover, According to the ARP II.H.3, Direct Threat, "A request for accommodation may be denied when it poses a direct threat of substantial harm to the health or safety of the inmate, parolee, or anyone else, including the public." As granting the appellant's request poses unacceptable safety and security concerns, his request was appropriately denied.

It is noted the SATF Warden appropriately and thoroughly examined the appellant's initial issues on appeal and determined he received the intervention deemed necessary to address his request for accommodation. The appellant is informed the ARP provides specific guidelines for accommodating inmates with disabilities and these guidelines were specifically followed in this case. After considering the evidence and arguments herein, it has been determined that staff acted appropriately on the appellant's request, and no additional disability accommodation is warranted at the DLR.

### B. BASIS FOR THE DECISION:

ARP: ARPI, ARPII.A, ARPII.B, ARPII.E.1, ARPII.E.2, ARPII.H.3, ARPII.H.4, ARPIV.B.1, ARPIV.B.2

California Code of Regulations, Title 15, Section: 3085

KEVIN CARLE, H91912 CASE NO. 0905011 PAGE 3

C. ORDER: No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.

N. GRANNIS, Chief Inmate Appeals Branch

cc: Warden, SATF

Health Care Manager, SATF Appeals Coordinator, SATF Medical Appeals Analyst, SATF

<u>)</u>	Which removes the Safety and Security concerns. ADA is federally funded
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### DIVISION OF ADULT INSTITUTIONS

California Substance Abuse Treatment Facility and State Prison at Corcoran 900 Quebec Ave.
P.O. Box 7100
Corcoran, CA 93212



August 18, 2009 Carle H-91912

RE: Second Level Response - Appeal # SATF-B-09-02159

APPEAL ISSUE: ADA

**APPEAL DECISION: Denied** 

APPEAL ISSUE: You state the Telecommunication Device for the Deaf (TDD) is too hard for you to use because of your grade point level (GPL). You state most outside families use the Video Relay Service (VRS) because it is easier to use. You are requesting for the institution to order the new Video telephone and set it up in B1 or the program office. Supervisor of Building Trades (SBT) J. Peacock denied this appeal at the first level of review. Mr. Peacock informed you the TDD is adequate for communications and stated there are no plans to replace or change the equipment at this time. You were not satisfied with the first level response and elected to submit your appeal to the second level. You are still requesting for the institution to get the VRS.

APPEAL RESPONSE: Your appeal has received careful consideration and has been thoroughly researched. Your appeal was referred for Second Level Review on August 14, 2009. The appellant is advised the Armstrong Remedial Plan stipulates inmates will be allowed 40-minute increments to use TDD phones. The appellant is allowed a 40-minute phone call to contact his family, in order to accommodate the longer process involved with typing phone conversations.

Further, the appellant is advised the Relay Operator will type in written format similar to American Sign Language. For example, if the appellant types "me to store", the Relay Operator will type "I am going to the store". Accordingly, the appellant and his family can "type" in an abbreviated format.

Finally, the appellant is advised videophones require high-speed Internet connections, which the SATF does not have. A web cam is also required, which poses safety and security concerns. The appellant's family may contact the California Telephone Access Program at 1-800-806-1191, at which time they will be assisted in obtaining a TTY phone for their household. The program is income based, and phones are issued on a "loan" basis.

B2 Officer Wadkins was contacted on Tuesday, August 18, 2009. Officer Wadkins stated you have daily access to sign up for the TDD. Correctional Counselor II (CCII) A. Fouch interviewed you on Tuesday, August 18, 2009 concerning this appeal.

Carle H-91912 SATF-B-09-02159 Page 2

American Sign Language Interpreter J. Shaewitz was present to assure effective communication. CCII Fouch asked you if you were familiar with the TDD sign up procedures. You stated you were familiar with the program and have utilized the TDD in the past. You informed CCII Fouch that your GPL was 7.4 and you know how to operate/work the TDD.

**DECISION**: The appeal is denied. However, the appellant is being provided an equally effective means, via the TDD system.

KEN CLARK

Warden

GSATF APPEALS AUG 1 9 2009

	Appeal Processing - Effective Communication Factors
Inmai	5ATF-B-09-02159 CDC Number: 491912
	This inmate has a hearing impairment and requires a Sign Language Interpreter. To ensure effective communication, please call the office of the Associate Warden-Americans with Disabilities Act (Office Technician) at extension 5257 to schedule.
	This inmate has a <b>hearing impairment</b> but does not Sign. According to the Disability & Effective Communication System primary method of communication:   Hearing Aid Reads Lips Written Notes Assisted Listing Device Other:
	This inmate has <b>vision impairment</b> . Assistance Required: Ensure that all information is read to him or inform him that the Galileo Reader and Optilec Enlarger are available in the library to enable him to read his final copy. He may also request reading assistance from an Assistance Giver or Staff member.
A	This inmate has been: listed on the TABE - Score of 4.0 or less or No test on record / identified as a DDP INMATE / classified with a Learning Disability. Ensure that all information is

\*\*Ensure that all responses include the method of communication and a statement regarding how effective communication was verified (i.e. Inmate was able to respond to questions asked, Inmate repeated information back in his own words, etc.)\*\*

Assistance Giver or Staff member.

read to inmate. Examples of effective communication include: reading the documents, speaking slowly, rephrasing sentences, and using simple English. He may also request reading assistance from an

### INMATE APPEAL ASSIGNMENT NOTICE

Date: August 14, 2009

To: INMATE CARLE, H91912

Current Housing: FBB1T1000000133L

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: SATF-B-09-02159

ASSIGNED STAFF REVIEWER: ASSISTANT ADA COORDINATOR

APPEAL ISSUE: ADA DUE DATE: 08/27/2009

Inmate CARLE, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals Department of Corrections P. O. Box 942883 Sacramento, CA 94283-0001

R. HALL, R. GOMEZ APPEALS COORDINATOR CSATF/SP

## INMATE/PAROLEE APPEAL FORM CDC 602 (12/87)

Location: Institution/Parole Region

2.

SATF.B

Log No. 09.02159 Category

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting

for using the appeals procedu		DPH DPS SI		days of the action taken. No	tehilizara will be taken
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If you need more space, attack	, v	J			
B. Action Requested:	tor us	the ADA	have to a	get VRS to	s be
		10 11			
Inmate/Parolee Signature	1	Larle	MASIO	Date Submit <b>ted</b> :	8/3/09
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Staff Signature:				Date Returned to Inmate:	
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D. FORMAL LEVEL If you are dissatisfied, explain submit to the Institution/Paro					no, CDC 128, etc.) and
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Signature:Note: Property/Funds appeals	s must be accompan	ied hv a completed		Date Submitted: CDC A	appeal Number:
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### INMATE/PAROLEE APPEAL FORM CDC 602 (12/87)

Location: Institution/Parole Region

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Category

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken

for using the appeals procedure responsibly. OPH OPS SULWN	
NAME Catle K H-91912 CAI LAB	UNIT/ROOM NUMBER B-(-1331
A Describe Problem: The ADA Denied to me from Jim Peacock Sur Building Trades that I asked for VRS and we need that	
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If you need more space, attach one additional sheet.	
B. Action Requested: I wanted the ADA have to get VRS to	c be
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Inmate/Parolee Signature.  C. INFORMAL LEVEL (Date Received:)  Staff Response:	A THE
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Staff Signature: Date Returned to Inmate:	
D. FORMAL LEVEL If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chro submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.	no, CDC 128, etc.) and
	Appeal Number:
Board of Control form BC-1E, Inmate Claim	

INMATE/PAROCEE'S SIGNATURE

INSTITUTION/PAROLE REGION:

LOG NUMBER:

CATEGORY:

SATE-B

09-02159

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act. DPH DPS SUL (WA) INMATE/PAROLEE'S NAME(PRINT) CDC NUMBER ASSIGNMENT HOURS/WATCH HOUSING In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disibility shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination. You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate. Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review. To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form. Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form. If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602. MODIFICATION OR ACCOMMODATION REQUESTED DESCRIPTION OF DISABILITY: WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY? DESCRIBE THE PROBLEM: MODIFICATION OR ACCOMMODATION IS REQUESTED?

JUN 2 6 2009

V ADA OF

REASONABLE MODIFICATION OR ACCOMMODATION RICCOR 1824 (Rev. 10/06)	EQUEST Sage ♣ 2.1
	WER'S ACTION
TYPE OF ADA ISSUE 7-17-09	DATE ASSIGNED TO REVIEWER: DATE DUE:
X PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not	requiring structural modification)
X Auxiliary Aid or Device Requested	
Other	
PHYSICAL ACCESS (requiring structural modification	) 1)
DISCUSSION OF FINDINGS: See attached memorar	
New Video Telephone	
- The state of the	
G. 55	
July 77 2009	Jim Peacock, SBT
DATE INMATE/PAROLEE WAS INTERVIEWED	PERSON WHO CONDUCTED NTERVIEW
DISPOSITION 3 GRANTED X DENIED	DADTIALLY ODANIED
BASIS OF DECISION See attached memorandum d	
Authored by Jim Peacock,	
<u> </u>	
	other staff or other resources, specify the resource and the information is by which the modification or accommodation will be provided, with time
DISPOSITION RENDERED BY (NAME)	TITLE INSTITUTION/FACILITY
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ASSOCIATE WARDEN'S SIGNATURE	DATE STONED
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DATE RETURNED TO	NMATE/PAROLEE 1 7 2009

SATE-B

INSTITUTION/PAROLE REGION:

In processing this request, it will be verified that the inmate/parolee has a disability which is covered

LOG NUMBER:

CATEGORY: 18. ADA

CDCR 1824 (Rev. 10/06)

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

under the Americans With Disabilities Act. DPH DPS SULLIND

INMATE/PAROLEE'S NAME(PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
Carle, K	H-91912	CAILAB	8 Am /3 pm	131-133
In accordance with the provisions of the shall, on the basis of disability, be excluded programs of a public entity, or be subjected to You may use this form to request specifi	I from participation in discrimination. c reasonable modifica	, or be denied the bation or accommoda	penefits of the service	ces, activities, o
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INSTITUTION/PAROLE REGION:

In processing this request, it will be verified that the inmate/parolee has a disability which is covered

LOG NUMBER:

CATEGORY: 18. ADA

CDCR 1824 (Rev. 10/06)

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

under the Americans With Disabilities Act. DPH, DPS, SCI (LDN)

INMATE/PAROLEE'S NAME(PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
Carle, K	H-91912	CAILAB	8 Am/3 pm	131-133
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Vacaville, CA 95696	
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Federal Communication Commission	
Office of the Secretary	
445 12th Street, SW, RM TW-BDOY	
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	February 27, 2013
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DIVISION OF ADULT INSTITUTIONS
CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND
STATE PRISON-CORCORAN

900 Quebec Avenue, P.O. Box 7100

Corcoran, CA 93212



July 9, 2009

Carle H-91912 B-1 133L

### FIRST LEVEL RESPONSE, APPEAL LOG NO. SATF-B-09-02159

**ACTION REQUESTED:** New Video Telephone.

Your appeal regarding new video telephone has received careful consideration and has been thoroughly researched. You were interviewed by Jim Peacock, Supervisor of Building Trades, on July 7, 2009, concerning your appeal in order to provide you the opportunity to fully explain your appeal and to provide any supporting evidence or documentation.

I explained through a sign language interpreter that the Telecommunication Devices for the Deaf (TDD) equipment currently in use at California Substance Abuse Treatment Facility and State Prison at Corcoran for the hearing impaired inmates is considered to be adequate for providing communications. There are no plans to replace or change the equipment at this time therefore, your request is denied.

You were informed at the time of your interview, through a sign language interpreter that you may request reading assistance from an inmate assistance giver or by staff.

Considering the above information, your appeal is denied at the First Level of review.

Supervisor of Building Trades

CSALE APPEALS JUL 1 7 2009

S. SHERMAN

Associate Warden Business Services

California Substance Abuse Treatment Facility and State Prison at Corcoran

#### STATE OF CALIFORNIA

# DEPARTMENT OF CORRECTIONS AND REHABILITATION INMATE APPEALS BRANCH P. O. BOX 942883

SACRAMENTO, CA 94283-0001

### DIRECTOR'S LEVEL APPEAL DECISION

Date: OCT 1 4 2009

In re: Kevin Carle, H91912

California Substance Abuse Treatment Facility and

State Prison at Corcoran

P.O. Box 7100

Corcoran, CA 93212-7100

IAB Case No.: 0905011

Local Log No.: SATF-09-02159

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner C. Hammond, Staff Services Manager I. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: The appellant stated he is hearing impaired and the TTY (TeleTYpe telephone) and TDD (Telephone Device for the Deaf) no longer work because of the new video relay service (VRS) at the California Substance Abuse Treatment Facility (SATF); however, his outside family uses the VRS to more easily communicate with him. He also stated the TDD is hard for him to use because of his grade point level, but he is able to communicate ably via American Sigh Language (ASL). The appellant requested to have "the ADA [Americans with Disabilities Act] to order and get" a new video telephone in Building "1" to enable him to communicate with his family.

II SECOND LEVEL'S DECISION: The reviewer noted on July 7, 2009, J. Peacock, Supervisor of Building Trades (SBT), interviewed and evaluated the appellant for his issues on appeal. Through an ASL interpreter, who was present at the interview, the SBT informed the appellant the TDD equipment currently in use for hearing-impaired inmates is considered adequate for providing communications, and there are no plans to replace or change the equipment at this time. His request on appeal was not granted.

In requesting a Second Level of Review (SLR), the appellant reiterated his request for VRS because the TDD capability will diminish in the future. He claimed the ADA has money to procure a VRS, and "...you know that it's law."

At the SLR, the appellant was informed the Armstrong Remedial Plan (ARP) stipulates that he is allowed 40-minute increments to use TDD units. He is allowed a 40-minute call to his family to accommodate the longer process involved with typing telephone conversations. The appellant was also informed the Relay Operator (RO) will type in written format similar to ASL; for example if he types "me to store," the RO will type "I am going to the store." Accordingly, the appellant and his family can type in an abbreviated format

Finally, the appellant was advised the videophones require high-speed internet connections, which the institution does not have. A "web cam" is also required, which poses safety and security concerns. The appellant's family may contact the California Telephone Access Program (CTAP) via telephone at 1-800-806-1191, which will assist them in obtaining a TTY unit for the household. The program is income based and phone units are issued on a loan basis.

Contact with the appellant's housing unit indicated he has daily access to sign-up for the TDD. On August 18, 2009, A. Fouch, Correctional Counselor II (CCII), interviewed the appellant for his issues on appeal. An ASL interpreter was present to ensure effective communications. During the interview, the appellant acknowledged he was familiar with the TDD sign-up procedures, informed the CCII he has used the TDD in the past, and stated he has a grade placement level of 7.4. As the appellant was provided an equally effective means of communications in lieu of his requested accommodation, his request was appropriately denied. The appeal was denied at the SLR on August 18, 2009.

### III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: In requesting a Director's Level of Review (DLR), the appellant expressed dissatisfaction, claiming CCII Fouch obviously did not understand the problem. He stated the relay operator is communicating on the TTY machine, but his family does not have TTY connections, and the CTAP will not help with connections for the TTY, as his family uses VRS over telephone lines. He also claimed TTY communications take too long to translate, and ASL over video is much faster and poses no safety and security concerns for the institution. He claimed the SATF has telephone lines and VRS can be easily installed. He claimed an ASL interpreter available to monitor communications between himself and his family. He claimed the ADA is Federally funded, and the VRS can be purchased and maintained in the program office, where the internet is available to the staff.

In reaching a decision at the DLR, the appellant's claim is refuted, as the institution already has an effective TDD communications system for hearing-impaired inmates and affords daily access to the system in 40-minute increments. Moreover, the SATF does not have high-speed internet access and installing such capability poses unacceptable cost as well as safety and security concerns.

The appellant is informed the CTAP distributes telecommunications equipment and services to individuals certified as having difficulty using the telephone. CTAP is a California State-mandated program, under governance of the California Public Utilities Commission. Equipment and some network services are available at no charge to eligible consumers. Californians who are deaf, hard of hearing, speech disabled, blind, or who have low vision, cognitive impairments, or restricted mobility, are eligible to receive equipment with certification by a medical doctor, a licensed audiologist, a qualified state agency, or a hearing aid dispenser. CTAP is funded by a small surcharge that appears on all telephone bills in California. The money collected from this surcharge pays for both the CTAP and the California Relay Service. This surcharge appears on the telephone phone bill as "CA Relay Service and Communications Devices Fund."

According to the ARP II.H.4, Equally Effective Means, "A request for accommodation may be denied if equally effective access to a program, service, or activity may be afforded through an alternate method which is less costly or intrusive. Alternative methods, which may be less costly or intrusive to the existing operation/program, may be utilized to provide reasonable access in lieu of modifications requested by the inmate/parolee, so long as they are effective." As the institution presently has an effective TDD system in place, and a new system would be overly intrusive and more costly than proposed remedy, his request was appropriately denied.

Moreover, According to the ARP II.H.3, Direct Threat, "A request for accommodation may be denied when it poses a direct threat of substantial harm to the health or safety of the inmate, parolee, or anyone else, including the public." As granting the appellant's request poses unacceptable safety and security concerns, his request was appropriately denied.

It is noted the SATF Warden appropriately and thoroughly examined the appellant's initial issues on appeal and determined he received the intervention deemed necessary to address his request for accommodation. The appellant is informed the ARP provides specific guidelines for accommodating inmates with disabilities and these guidelines were specifically followed in this case. After considering the evidence and arguments herein, it has been determined that staff acted appropriately on the appellant's request, and no additional disability accommodation is warranted at the DLR.

#### B. BASIS FOR THE DECISION:

ARP: ARPI. ARPII.A, ARPII.B, ARPII.E.1, ARPII.E.2, ARPII.H.3, ARPII.H.4, ARPIV.B.1, ARPIV.B.2

California Code of Regulations, Title 15, Section: 3085

### INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE CARLE, H91912

Current Housing: FBB1T1000000133L

Date: August 14, 2009

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: SATF-B-09-02159

ASSIGNED STAFF REVIEWER: ASSISTANT ADA COORDINATOR

APPEAL ISSUE: ADA DUE DATE: 08/27/2009

Inmate CARLE, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals Department of Corrections P. O. Box 942883 Sacramento, CA 94283-0001

R. HALL, R. GOMEZ APPEALS COORDINATOR CSATF/SP KEVIN CARLE, H91912 CASE NO. 0905011 PAGE 3

C. ORDER: No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.

N. GRANNIS, Chief Inmate Appeals Branch

cc: Warden, SATF

Health Care Manager, SATF Appeals Coordinator, SATF Medical Appeals Analyst, SATF

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### **DIVISION OF ADULT INSTITUTIONS**

California Substance Abuse Treatment Facility and State Prison at Corcoran 900 Quebec Ave. P.O. Box 7100 Corcoran, CA 93212



August 18, 2009 Carle H-91912

RE: Second Level Response - Appeal # SATF-B-09-02159

APPEAL ISSUE: ADA

**APPEAL DECISION: Denied** 

APPEAL ISSUE: You state the Telecommunication Device for the Deaf (TDD) is too hard for you to use because of your grade point level (GPL). You state most outside families use the Video Relay Service (VRS) because it is easier to use. You are requesting for the institution to order the new Video telephone and set it up in B1 or the program office. Supervisor of Building Trades (SBT) J. Peacock denied this appeal at the first level of review. Mr. Peacock informed you the TDD is adequate for communications and stated there are no plans to replace or change the equipment at this time. You were not satisfied with the first level response and elected to submit your appeal to the second level. You are still requesting for the institution to get the VRS.

APPEAL RESPONSE: Your appeal has received careful consideration and has been thoroughly researched. Your appeal was referred for Second Level Review on August 14, 2009. The appellant is advised the Armstrong Remedial Plan stipulates inmates will be allowed 40-minute increments to use TDD phones. The appellant is allowed a 40-minute phone call to contact his family, in order to accommodate the longer process involved with typing phone conversations.

Further, the appellant is advised the Relay Operator will type in written format similar to American Sign Language. For example, if the appellant types "me to store", the Relay Operator will type "I am going to the store". Accordingly, the appellant and his family can "type" in an abbreviated format.

Finally, the appellant is advised videophones require high-speed Internet connections, which the SATF does not have. A web cam is also required, which poses safety and security concerns. The appellant's family may contact the California Telephone Access Program at 1-800-806-1191, at which time they will be assisted in obtaining a TTY phone for their household. The program is income based, and phones are issued on a "loan" basis.

B2 Officer Wadkins was contacted on Tuesday, August 18, 2009. Officer Wadkins stated you have daily access to sign up for the TDD. Correctional Counselor II (CCII) A. Fouch interviewed you on Tuesday, August 18, 2009 concerning this appeal.

" I

American Sign Language Interpreter J. Shaewitz was present to assure effective communication. CCII Fouch asked you if you were familiar with the TDD sign up procedures. You stated you were familiar with the program and have utilized the TDD in the past. You informed CCII Fouch that your GPL was 7.4 and you know how to operate/work the TDD.

**DECISION**: The appeal is denied. However, the appellant is being provided an equally effective means, via the TDD system.

KEN CLARK

Warden

CSATE APPEALS
AUG 1 9 2009

*	Appeal Processing - Effective Communication Factors
Inmo	at DATE SATE-B-09-02159 CDC Number: 1491912
X	This inmate has a hearing impairment and requires a Sign Language Interpreter. To ensure effective communication, please call the office of the Associate Warden-Americans with Disabilities Act (Office Technician) at extension 5257 to schedule.
	This inmate has a <b>hearing impairment</b> but does not Sign. According to the Disability & Effective Communication System primary method of communication:   Hearing Aid Reads Lips Written Notes Assisted Listing Device Other:
	This inmate has <b>vision impairment</b> . Assistance Required: Ensure that all information is read to him or inform him that the Galileo Reader and Optilec Enlarger are available in the library to enable him to read his final copy. He may also request reading assistance from an Assistance Giver or Staff member.
A	This inmate has been: listed on the TABE - Score of 4.0 or less or No test on record /

DA TIATION

Assistance Giver or Staff member.

\*\*Ensure that all responses include the method of communication and a statement regarding how effective communication was verified (i.e. Inmate was able to respond to questions asked, Inmate repeated information back in his own words, etc.)\*\*

identified as a DDP INMATE \_\_\_\_ / classified with a Learning Disability. Ensure that all information is read to inmate. Examples of effective communication include: reading the documents, speaking slowly, rephrasing sentences, and using simple English. He may also request reading assistance from an

### INMATE/PAROLEE APPEAL FORM CDC 602 (12/87)

Location: Institution/Parole Region

2.

Category

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken

for using the appeals procedure responsibly. OPH OPS SULWN
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B. Action Requested: I wanted the ADA have to get VKS to be here for us
Inmate/Parolee Signature Date Submit 8 3 09
Inmate/Parolee Signature  C. INFORMAL LEVEL (Date Received:)  Staff Response:
Staff Signature: Date Returned to Inmate:
D. FORMAL LEVEL  If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.
Signature: Date Submitted:
Note: Property/Funds appeals must be accompanied by a completed  Board of Control form BC-1E, Inmate Claim  CDC Appeal Number:
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CDC 602 (12/87)			
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INSTITUTION/PAROLE REGION:

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09-02159

18. ADA

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18. ADA

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SATE-B

LOG NUMBER:

HOURS/WATCH

CATEGORY: 18. ADA

HOUSING
31-133

CDCR 1824 (Rev. 10/06)

INMATE/PAROLEE'S NAME(PRINT)

Carle, K

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

under the Americans With Disabilities Act. DPH DPS SCI (WW)

INSTITUTION/PAROLE REGION:

In processing this request, it will be verified that the inmate/parolee has a disability which is covered

ASSIGNMENT

CDC NUMBER

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disibility shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.  You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.  Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.  To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.  Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.
If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.
MODIFICATION OR ACCOMMODATION REQUESTED
DESCRIPTION OF DISABILITY:
WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?
C-File
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INMATE/PAROLEE'S SIGNATURE  JUN 2 6 2009 DATE SIGNED
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INSTITUTION/PAROLE REGION:

LOG NUMBER:

CATEGORY:

CDCR 1824 (Rev. 10/06)

SATE-B

09-02159

18. ADA

### NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it under the Americans With Di		nate/parolee has a disa DPS SCL しい	_ ′	
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Rulemaking Number (12-375)
Kewin Carle, H-91912
CMF C-151°P
Po Box 2000
Vacaville, CA 95696
Marlene H. Dortch, Secretary
Federal Communication Commission
Office of the Secretary
445 12th Street, SW, RM TW-B204
Washington, DC 20554
February 27, 2013
To Federal Communication Commission,
My name is Kewin Carle, I am Inmate and Deat. When I used TTY many years ago but the problem is Vocabulary spell limit and grammer frustrate short can't waste time 45 Min. I do not have enough time for Communication
with my family and friend.
TTY not fair because Hearing people can talk on the phone and
rest. Deaf no videophone only TTY force Typing not comformable I not Skil
I Typing Slow Stress and hurry up.
I think time limit should extend for deaf and cost reduce because
Communication need more time.
Please give deaf people fair access and provide Videophones.
Thank you so much
No. of Copies rec'd U List ASCOE

AF

DIVISION OF ADULT INSTITUTIONS
CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND
STATE PRISON-CORCORAN

900 Quebec Avenue, P.O. Box 7100

Corcoran, CA 93212



July 9, 2009

Carle H-91912 B-1 133L

### FIRST LEVEL RESPONSE, APPEAL LOG NO. SATF-B-09-02159

**ACTION REQUESTED:** New Video Telephone.

Your appeal regarding new video telephone has received careful consideration and has been thoroughly researched. You were interviewed by Jim Peacock, Supervisor of Building Trades, on July 7, 2009, concerning your appeal in order to provide you the opportunity to fully explain your appeal and to provide any supporting evidence or documentation.

I explained through a sign language interpreter that the Telecommunication Devices for the Deaf (TDD) equipment currently in use at California Substance Abuse Treatment Facility and State Prison at Corcoran for the hearing impaired inmates is considered to be adequate for providing communications. There are no plans to replace or change the equipment at this time therefore, your request is denied.

You were informed at the time of your interview, through a sign language interpreter that you may request reading assistance from an inmate assistance giver or by staff.

Considering the above information, your appeal is denied at the First Level of review.

Supervisor of Building Trades

CSATE APPEALS CSATE APPEALS JUL 1 7 2009

S. SHERMAN

Associate Warden Business Services

California Substance Abuse Treatment Facility and State Prison at Corcoran

#### STATE OF CALIFORNIA

# DEPARTMENT OF CORRECTIONS AND REHABILITATION INMATE APPEALS BRANCH P. O. BOX 942883

SACRAMENTO, CA 94283-0001

#### DIRECTOR'S LEVEL APPEAL DECISION

Date: OCT 1 4 2009

In re: Kevin Carle, H91912

California Substance Abuse Treatment Facility and State Prison at Corcoran P.O. Box 7100 Corcoran, CA 93212-7100

IAB Case No.: 0905011 Local Log No.: SATF-09-02159

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner C. Hammond, Staff Services Manager I. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: The appellant stated he is hearing impaired and the TTY (TeleTYpe telephone) and TDD (Telephone Device for the Deaf) no longer work because of the new video relay service (VRS) at the California Substance Abuse Treatment Facility (SATF); however, his outside family uses the VRS to more easily communicate with him. He also stated the TDD is hard for him to use because of his grade point level, but he is able to communicate ably via American Sigh Language (ASL). The appellant requested to have "the ADA [Americans with Disabilities Act] to order and get" a new video telephone in Building "1" to enable him to communicate with his family.

II SECOND LEVEL'S DECISION: The reviewer noted on July 7, 2009, J. Peacock, Supervisor of Building Trades (SBT), interviewed and evaluated the appellant for his issues on appeal. Through an ASL interpreter, who was present at the interview, the SBT informed the appellant the TDD equipment currently in use for hearing-impaired inmates is considered adequate for providing communications, and there are no plans to replace or change the equipment at this time. His request on appeal was not granted.

In requesting a Second Level of Review (SLR), the appellant reiterated his request for VRS because the TDD capability will diminish in the future. He claimed the ADA has money to procure a VRS, and "...you know that it's law."

At the SLR, the appellant was informed the Armstrong Remedial Plan (ARP) stipulates that he is allowed 40-minute increments to use TDD units. He is allowed a 40-minute call to his family to accommodate the longer process involved with typing telephone conversations. The appellant was also informed the Relay Operator (RO) will type in written format similar to ASL; for example if he types "me to store," the RO will type "I am going to the store." Accordingly, the appellant and his family can type in an abbreviated format.

Finally, the appellant was advised the videophones require high-speed internet connections, which the institution does not have. A "web cam" is also required, which poses safety and security concerns. The appellant's family may contact the California Telephone Access Program (CTAP) via telephone at 1-800-806-1191, which will assist them in obtaining a TTY unit for the household. The program is income based and phone units are issued on a loan basis.

Contact with the appellant's housing unit indicated he has daily access to sign-up for the TDD. On August 18, 2009, A. Fouch, Correctional Counselor II (CCII), interviewed the appellant for his issues on appeal. An ASL interpreter was present to ensure effective communications. During the interview, the appellant acknowledged he was familiar with the TDD sign-up procedures, informed the CCII he has used the TDD in the past, and stated he has a grade placement level of 7.4. As the appellant was provided an equally effective means of communications in lieu of his requested accommodation, his request was appropriately denied. The appeal was denied at the SLR on August 18, 2009.

### III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: In requesting a Director's Level of Review (DLR), the appellant expressed dissatisfaction, claiming CCII Fouch obviously did not understand the problem. He stated the relay operator is communicating on the TTY machine, but his family does not have TTY connections, and the CTAP will not help with connections for the TTY, as his family uses VRS over telephone lines. He also claimed TTY communications take too long to translate, and ASL over video is much faster and poses no safety and security concerns for the institution. He claimed the SATF has telephone lines and VRS can be easily installed. He claimed an ASL interpreter available to monitor communications between himself and his family. He claimed the ADA is Federally funded, and the VRS can be purchased and maintained in the program office, where the internet is available to the staff.

In reaching a decision at the DLR, the appellant's claim is refuted, as the institution already has an effective TDD communications system for hearing-impaired inmates and affords daily access to the system in 40-minute increments. Moreover, the SATF does not have high-speed internet access and installing such capability poses unacceptable cost as well as safety and security concerns.

The appellant is informed the CTAP distributes telecommunications equipment and services to individuals certified as having difficulty using the telephone. CTAP is a California State-mandated program, under governance of the California Public Utilities Commission. Equipment and some network services are available at no charge to eligible consumers. Californians who are deaf, hard of hearing, speech disabled, blind, or who have low vision, cognitive impairments, or restricted mobility, are eligible to receive equipment with certification by a medical doctor, a licensed audiologist, a qualified state agency, or a hearing aid dispenser. CTAP is funded by a small surcharge that appears on all telephone bills in California. The money collected from this surcharge pays for both the CTAP and the California Relay Service. This surcharge appears on the telephone phone bill as "CA Relay Service and Communications Devices Fund."

According to the ARP II.H.4, Equally Effective Means, "A request for accommodation may be denied if equally effective access to a program, service, or activity may be afforded through an alternate method which is less costly or intrusive. Alternative methods, which may be less costly or intrusive to the existing operation/program, may be utilized to provide reasonable access in lieu of modifications requested by the inmate/parolee, so long as they are effective." As the institution presently has an effective TDD system in place, and a new system would be overly intrusive and more costly than proposed remedy, his request was appropriately denied.

Moreover, According to the ARP II.H.3, Direct Threat, "A request for accommodation may be denied when it poses a direct threat of substantial harm to the health or safety of the inmate, parolee, or anyone else, including the public." As granting the appellant's request poses unacceptable safety and security concerns, his request was appropriately denied.

It is noted the SATF Warden appropriately and thoroughly examined the appellant's initial issues on appeal and determined he received the intervention deemed necessary to address his request for accommodation. The appellant is informed the ARP provides specific guidelines for accommodating inmates with disabilities and these guidelines were specifically followed in this case. After considering the evidence and arguments herein, it has been determined that staff acted appropriately on the appellant's request, and no additional disability accommodation is warranted at the DLR.

### B. BASIS FOR THE DECISION:

ARP: ARPI, ARPII.A, ARPII.B, ARPII.E.1, ARPII.E.2, ARPII.H.3, ARPII.H.4, ARPIV.B.1, ARPIV.B.2

California Code of Regulations, Title 15, Section: 3085

KEVIN CARLE, H91912 CASE NO. 0905011 PAGE 3

C. ORDER: No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.

N. GRANNIS, Chief Inmate Appeals Branch

cc: Warden, SATF

Health Care Manager, SATF Appeals Coordinator, SATF Medical Appeals Analyst, SATF

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### **DIVISION OF ADULT INSTITUTIONS**

California Substance Abuse Treatment Facility and State Prison at Corcoran 900 Quebec Ave. P.O. Box 7100 Corcoran, CA 93212



August 18, 2009 Carle H-91912

RE: Second Level Response – Appeal # SATF-B-09-02159

APPEAL ISSUE: ADA

**APPEAL DECISION: Denied** 

APPEAL ISSUE: You state the Telecommunication Device for the Deaf (TDD) is too hard for you to use because of your grade point level (GPL). You state most outside families use the Video Relay Service (VRS) because it is easier to use. You are requesting for the institution to order the new Video telephone and set it up in B1 or the program office. Supervisor of Building Trades (SBT) J. Peacock denied this appeal at the first level of review. Mr. Peacock informed you the TDD is adequate for communications and stated there are no plans to replace or change the equipment at this time. You were not satisfied with the first level response and elected to submit your appeal to the second level. You are still requesting for the institution to get the VRS.

APPEAL RESPONSE: Your appeal has received careful consideration and has been thoroughly researched. Your appeal was referred for Second Level Review on August 14, 2009. The appellant is advised the Armstrong Remedial Plan stipulates inmates will be allowed 40-minute increments to use TDD phones. The appellant is allowed a 40-minute phone call to contact his family, in order to accommodate the longer process involved with typing phone conversations.

Further, the appellant is advised the Relay Operator will type in written format similar to American Sign Language. For example, if the appellant types "me to store", the Relay Operator will type "I am going to the store". Accordingly, the appellant and his family can "type" in an abbreviated format.

Finally, the appellant is advised videophones require high-speed Internet connections, which the SATF does not have. A web cam is also required, which poses safety and security concerns. The appellant's family may contact the California Telephone Access Program at 1-800-806-1191, at which time they will be assisted in obtaining a TTY phone for their household. The program is income based, and phones are issued on a "loan" basis.

B2 Officer Wadkins was contacted on Tuesday, August 18, 2009. Officer Wadkins stated you have daily access to sign up for the TDD. Correctional Counselor II (CCII) A. Fouch interviewed you on Tuesday, August 18, 2009 concerning this appeal.

Carle H-91912 SATF-B-09-02159 Page 2

American Sign Language Interpreter J. Shaewitz was present to assure effective communication. CCII Fouch asked you if you were familiar with the TDD sign up procedures. You stated you were familiar with the program and have utilized the TDD in the past. You informed CCII Fouch that your GPL was 7.4 and you know how to operate/work the TDD.

**DECISION**: The appeal is denied. However, the appellant is being provided an equally effective means, via the TDD system.

KEN CLARK

Warden

GSATF APPEALS AUG 1 9 2009

	Appeal Processing - Effective Communication Factors					
Inma	10 RICINAINE SATE B-09-0215	59 CDC Number: <u>H91912</u>				
X	This inmate has a hearing impairment and requires a Sign Lan communication, please call the office of the Associate Warden-Technician) at extension 5257 to schedule.					
	This inmate has a <b>hearing impairment</b> but does not Sign. Communication System primary method of communication: Hear Assisted Listing Device Other:					
	This inmate has <b>vision impairment</b> . Assistance Required:all information is read to him or inform him that the Galileo Reader library to enable him to read his final copy. He may also request Giver or Staff member.	and Optilec Enlarger are available in th				
M	This inmate has been: listed on the TABE - Score of 4.0 or less	or No test on record				

\*\*Ensure that all responses include the method of communication and a statement regarding how effective communication was verified (i.e. Inmate was able to respond to questions asked, Inmate repeated information back in his own words, etc.)\*\*

Assistance Giver or Staff member.

identified as a DDP INMATE \_\_\_\_\_/ classified with a Learning Disability. Ensure that all information is read to inmate. Examples of effective communication include: reading the documents, speaking slowly, rephrasing sentences, and using simple English. He may also request reading assistance from an

### INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE CARLE, H91912

Current Housing: FBB1T1000000133L

Date: August 14, 2009

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: SATF-B-09-02159

ASSIGNED STAFF REVIEWER: ASSISTANT ADA COORDINATOR

APPEAL ISSUE: ADA DUE DATE: 08/27/2009

Inmate CARLE, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals Department of Corrections P. O. Box 942883 Sacramento, CA 94283-0001

R. HALL, R. GOMEZ APPEALS COORDINATOR CSATF/SP

### INMATE/PAROLEE APPEAL FORM CDC 602 (12/87)

Location: Institution/Parole Region

Category

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisely will be taken

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you need more space, attach one additional sheet.	
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### INMATE/PAROLEE APPEAL FORM CDC 602 (12/87)

Location: Institution/Parole Region

Log No. 09.02159 Category

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken

for using the appeals procedure responsibly. OPH OPS SUL WW	•
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CSATE APPEN	a

MODIFICATION OR ACCOMMODATION REQUEST

INSTITUTION/PAROLE REGION:

LOG NUMBER:

CATEGORY:

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Carle, K				
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MODIFICATION OR INSTITUTION/PAROLE REGION: ACCOMMODATION REQUEST

LOG NUMBER:

CATEGORY:

18. ADA

### NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

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under the Americans With		1, DPS, SCICL			
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### **REASONABLE MODIFICATION OR ACCOMMODATION REQUEST**

LOG NUMBER:

CATEGORY:

CDCR 1824 (Rev. 10/06)

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In processing this request, it will be verified that the inmate/parolee has a disability which is covered

INSTITUTION/PAROLE REGION:

18. ADA

### NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

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## REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDCR 1824 (Rev. 10/06)

INSTITUTION/PAROLE REGION:

In processing this request, it will be verified that the inmate/parolee has a disability which is covered

LOG NUMBER:

CATEGORY:

SATT-B

09-02159

18. ADA

### NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

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